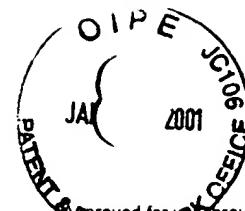


01-22-01

Please type a plus sign (+) inside this box →

Approved for use through 12/30/2000. OMB 0651-0133
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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10/87/10
JC984 U.S. PTO

1639 U.S. PTO
01/18/01

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	155634-0012
	First Named Inventor	Me Van Le
	Original Patent Number	5,867,343
	Original Patent Issue Date (Month/Day/Year)	February 2, 1999
	Express Mail Label No.	EL692571161US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
 (Check applicable box)

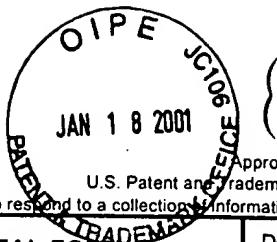
APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)	
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)		9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)	
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)		11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))		12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (PTO/SB/96)		14. Other:	

15. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		or <input checked="" type="checkbox"/> Correspondence address below <small>(Insert Customer No. or Attach bar code label here)</small>		
Name	Ben J. Yorks IRELL & MANELLA LLP			
Address	840 Newport Center Drive Suite 400			
City	Newport Beach	State	California	Zip Code 92630
Country	USA	Telephone	949-760-0991	Fax 949-760-5200

NAME (Print/Type)	Ben J. Yorks	Registration No. (Attorney/Agent)	33,609
Signature		Date	January 16, 2001

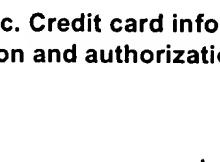
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.



PTO/SB/56 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033
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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) 155634-0012			
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra		Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
(A) 12 (C) 3	Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i))	(B) 34 (D) 9	**** 14 =	x \$ ____ =	or	x \$ 18 =	252.00	
			* 6 =	x \$ ____ =		x \$ 80 =	480.00	
Basic Fee (37 CFR 1.16(h)) \$ 710					\$ 710			
Total Filing Fee \$					\$ 1442.00			
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For		Small Entity		Other than a Small Entity	
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ 18 =	x \$ ____ =		
								Independent Claims (37 CFR 1.16(i))
Total Additional Fee \$					\$ 1442.00			
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.								
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.								
*** After any cancellation of claims.								
**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).								
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).								
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.								
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.								
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 09-0946. A duplicate copy of this sheet is enclosed.								
<input checked="" type="checkbox"/> A check in the amount of \$ 1,442.00 to cover the filing / additional fee is enclosed.								
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
1/10/01					 Signature of Applicant, Attorney or Agent of Record			
Date					Ben J. Yorks, Reg. No. 33,609			
					Typed or printed name			

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BEFORE THE UNITED STATES PATENT AND TRADEMARK OFFICE



Application for Reissue of:

Me Van Le et al.

U.S. Patent No. 5,867,343

Method And Apparatus For Storing Position Offset Information On A Hard Drive Assembly
Cylinder

JUN 01 1998

PTO/SB/17 (10/97)

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JCA4

Approved for use through 09/30/00, OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL

Note: Effective October 1, 1997.
Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

110.00

Complete If Known

Application Number	08/713,872
Filing Date	September 13, 1996
First Named Inventor	Me Van Le
Group Art Unit	2753
Examiner Name	Thang V. Tran
Attorney Docket Number	002410.P006X

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:Deposit Account **02-2666**
NumberDeposit Account **Blakely, Sokoloff, Taylor & Zafman LLP**
Name Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b)2. Payment Enclosed: Check Money Order Other

FEE CALCULATION (fees effective 10/01/96)

1. FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	790	201	395	Utility filing fee	
106	330	206	165	Design filing fee	
107	540	207	270	Plant filing fee	
108	790	208	395	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)

2. CLAIMS

Total Claims	Extra	Fee from below	Fee Paid
16 -	=	X	=

Total Claims	Independent Claims	Extra	Fee from below	Fee Paid
16 -	3 -	=	X	=

Multiple Dependent Claims

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	22	203	11	Claims in excess of 20
102	82	202	41	Independent claims in excess of 3
104	270	204	135	Multiple Dependent claim
109	82	209	41	Reissue independent claims over original patent
110	22	210	11	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

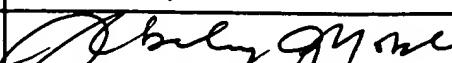
SUBTOTAL (3) (\$)

110.00

* Reduced by Basic Filing Fee Paid

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name	Kimberley G. Nobles			Reg. Number	38,255
Signature		Date	05/26/98	Deposit Account User ID	02-2666

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